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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/626,903	
	Filing Date	07/25/2003	
	First Named Inventor	Cowan	
	Group Art Unit	2829	
	Examiner Name	Chan, Emily Y.	
Total Number of Pages in this Submission	6	Attorney Docket Number	TAL:1016.098

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below)
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	<i>Timothy A. Long</i>
Date	February 22, 2005

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I hereby certify that, on the date shown below, this correspondence is being :			
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